Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS115AGC	A. BUILDING _____ B. WING _____	09/05/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CJ HOMES	1627 GABRIEL DRIVE LAS VEGAS, NV 89119

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Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted in your facility on 9/5/08. The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006. The facility was licensed for 10 total beds. The census at the time of the survey was 9. The facility had the following category of classified beds: Category 2. The facility had the following endorsements: - Residential facility for the elderly or disabled persons - Residential facility for persons with mental illnesses Nine open and 1 closed resident files were reviewed. Two employee files were reviewed. There was 1 complaint investigated during the survey: -CPT #NV00019085 - Substantiated (Tag Y026, Y1005) The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations,	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 000	Continued From page 1 actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	Y 000		
Y 026 SS=D	449.190(3) Contents of License-Multiple Types NAC 449.190 3. A residential facility may be licensed as more than one type of residential facility if the facility provides evidence satisfactory to the bureau that it complies with the requirements for each type of facility and can demonstrate that the residents will be protected and receive necessary care and services. This Regulation is not met as evidenced by: Based on record review and interview the facility failed to obtain the proper endorsements for the types of residents in their facility for 1 of 10 residents (Resident #10). Findings include: Resident #10 was admitted to the facility on 12/26/07 and discharged 9/1/08 (Total time - 9 months). The diagnoses listed in Resident #10's record included Mental Retardation, Severe. The Administrator reported she was unaware she needed a Mental Retardation endorsement. The Administrator reported the resident was only at the facility briefly.	Y 026		

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Y 026	Continued From page 2 Desert Regional Center caseworkers, who were at the home at the time of the survey, confirmed the Resident had a Mental Retardation diagnoses. CPT #19085 Severity: 2 Scope: 1	Y 026		
Y 067 SS=F	449.196(1)(c) Qualifications of Caregiver- Read regulation NAC 449.196 1. A caregiver of a residential facility must: (c) Understand the provisions of NAC 449.156 to 449.2766, inclusive, and sign a statement that he has read those provisions. This Regulation is not met as evidenced by: Based on personnel file review the facility failed to ensure 2 of 2 employees read and understood the provisions of NAC 449.156 to 449.2766 (Employee #1, #2). Employees #1's and #2's file failed to contain a signed statement indicating the employees read and understood the regulations for Residential Facilities for Groups. Severity: 2 Scope: 3 Repeat deficiency from 6/26/07 survey.	Y 067		

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Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Sec. 10. NAC 441A.375 is hereby amended to read as follows: 441A.375 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:	Y 103		

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Y 103	Continued From page 4 (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis. 6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and	Y 103		

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Y 103	Continued From page 5 Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. Based on interview and personnel file review the facility failed to ensure the employees received the tuberculin (TB) screening test as specified in NAC 441A.200 for 1 of 2 employees (Employee #2). Findings include: Employee #2 was hired on 9/3/08. There was no documented evidence of the required TB screening in the employee's file. The Administrator/caregiver confirmed there was no TB information available. Scope 2 Severity 3 Repeat Deficiency from 6/26/07 survey	Y 103		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each	Y 105		

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Y 105	Continued From page 6 member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: NRS 449.176 1. Each applicant for a license to operate a facility for intermediate care, facility for skilled nursing or residential facility for groups shall submit to the central repository for Nevada records of criminal history two complete sets of fingerprints for submission to the Federal Bureau of Investigation for its report. 2. The central repository for Nevada records of criminal history shall determine whether the applicant has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188 and immediate inform the administrator of the facility, if any, and the health division of whether the applicant has been convicted of such a crime. NRS 449.179 1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide nursing in the home a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall: (a) obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188; (b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a); (c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the central repository for	Y 105		

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Y 105	Continued From page 7 Nevada records of criminal history for submission to the Federal Bureau of Investigation for its report; and (d) Submit to the central repository for Nevada records of criminal history the fingerprints obtained pursuant to paragraph (c). 2. The administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups is not required to obtain the information described in subsection 1 from an employee or independent contractor who provides proof that an investigation of his criminal history has been conducted by the central repository for Nevada records of criminal history with in the immediately preceding 6 months and the investigation did not indicate that the employee or independent contractor had been convicted of any crime set forth in NRS 449.188. 3. The administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least every 5 years. The administrator of person shall: (a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor; (b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the central repository for Nevada records of criminal history for submission to the Federal Bureau of Investigation for its report; and (c) Submit the fingerprints to the central repository for Nevada records of criminal history. 4. Upon receiving fingerprints submitted pursuant	Y 105		

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Y 105	Continued From page 8 to this section, the central repository for Nevada records of criminal history shall determine whether the employee or independent contractor has been convicted of a crime listed in NRS 449.188 and immediately inform the health division and the administrator of, or the person licensed to operate, the agency or facility at which the person works whether the employee or independent contractor has been convicted of such a crime. 5. The central repository for Nevada records of criminal history may impose a fee upon an agency or a facility that submits fingerprints pursuant to this section for the reasonable cost of the investigation. The agency or facility may recover from the employee or independent contractor not more than one-half of the fee imposed by the central repository. If the agency or facility requires the employee or independent contractor to pay for any part of the fee imposed by the central repository, it shall allow the employee or independent contractor to pay the amount through periodic payments. NRS 449.182 Each agency to provide nursing in the home, facility for intermediate care, facility for skilled nursing and residential facility for groups shall maintain accurate records of the information concerning its employees and independent contractors collected pursuant to NRS 449.179, and shall maintain a copy of the fingerprints submitted to the central repository for its report. These records must be made available for inspection by the health division at any reasonable time and copies thereof must be furnished to the health division upon request. NRS 449.185 1. Upon receiving information from the central repository for Nevada records of criminal history	Y 105		

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Y 105	Continued From page 9 pursuant to NRS 449.179, or evidence from any other source, that an employee or independent contractor of an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188, the administrator of, or the person licensed to operate, the agency or facility shall terminate the employment or contract of that person after allowing him time to correct the information as required pursuant to subsection 2. 2. If the employee or independent contractor believes that the information provided by the central repository is incorrect, he may immediately inform the agency or facility. An agency or facility that is so informed shall give the employee or independent contractor a reasonable amount of time of not less than 30 days to correct the information received from the central repository before terminating employment or contract of the person pursuant to subsection 1. 3. An agency or facility that has complied with NRS 449.179 may not be held civilly or criminally liable based solely upon the ground that the agency or facility allowed an employee or independent contractor to work; (a) Before it received the information concerning the employee or independent contractor from the central repository; (b) During any period required pursuant to subsection 2 to allow the employee or independent contractor to correct that information; (c) Based on the information received from the central repository, if the information received from the central repository was inaccurate; or (d) Any combination thereof. An agency or facility may be held liable for any other conduct determined to be negligent or	Y 105		

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Y 105	Continued From page 10 unlawful. NRS 449.188 1. In addition to the grounds listed in NRS 449.160, the health division may deny a license to operate a facility for intermediate care, facility for skilled nursing or residential facility for groups to an applicant or may suspend or revoke the license of a licensee to operate such a facility if: (a) The applicant or licensee has been convicted of: (1) Murder, voluntary manslaughter or mayhem; (2) Assault with intent to kill or to commit sexual assault or mayhem; (3) Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime; (4) Abuse or neglect of a child or contributory delinquency; (5) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS, within the past 7 years; (6) A violation of any provision of NRS 200.50955 or 200.5099; (7) Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the preceding 7 years; or (8) Any other felony involving the use of a firearm or other deadly weapon, within the immediately preceding 7 years; or (b) The licensee has continued to employee a person who has been convicted of a crime listed in paragraph (a). 2. In addition to the grounds listed in NRS 449.160, the health division may deny a license to operate an agency to provide nursing in the home to an applicant or may suspend or revoke the	Y 105		

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Y 105	Continued From page 11 license of a licensee to operate such an agency if the licensee has continued to employ a person who has been convicted of a crime listed in paragraph (a) of subsection 1. Based on interview and record review, the facility failed to ensure 2 of 2 employees met the background check requirements as listed in NRS 449.188 (#1, #2). Findings include: 1. Employee #1 - Hire date unknown The file failed to contain a signed statement indicating the employee had not been convicted of any crimes listed in NRS 449.188. 2. Employee #2 - Hire date 9/3/08. The file failed to contain a signed statement indicating the employee had not been convicted of any crimes listed in NRS 449.188. The file failed to contain two copies of the employee's fingerprints. The file failed to contain a background check report. The file failed to contain evidence fingerprints were sent to the Nevada Repository. Severity: 2 Scope: 3 Repeat Deficiency from survey 6/26/07	Y 105		
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext	Y 178		

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Y 178	Continued From page 12 NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Based on interview and observation the facility failed to ensure that the premises were well maintained. Findings include: - Black dirt-type stains were observed in the shower of Bathroom #1. - The bathroom connected to bedroom #4 had dog poop on the floor. There was a sign over the toilet saying "out of order". Tiles were missing in the shower. - The dryer was not in the laundry room, it was on the patio. The residents reported they dried their clothing by hanging the clothes over the fence (from the patio to the pool area). Severity: 2 Scope: 3	Y 178		
Y 870 SS=D	449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or	Y 870		

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Y 870	Continued From page 13 registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure the residents' medications were reviewed by a physician, pharmacist or registered nurse at least once every 6 months for 2 of 10 residents (Resident #1, #10). Findings include: Record Review Resident #1 was admitted to the facility on 11/20/03. There were two medication reviews in the file, dated 9/4/06 and 3/07. Resident #10 was admitted to the facility on 12/26/07 and left the facility on 9/1/08. There were no medication reviews in the file. Severity: 2 Scope: 1 Repeat Deficiency from 6/26/07 survey	Y 870		
Y 876 SS=D	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this	Y 876		

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Y 876	Continued From page 14 subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure an ultimate user agreement was signed for 2 of 10 residents (Resident #7, #10). Findings include: Resident #7 was admitted to the facility on 3/08. The record provided no evidence of a signed ultimate user agreement authorizing the facility to administer medications to the resident. The administrator confirmed she was administering the resident's medications. Resident #10 was admitted to the facility on 12/26/07 and discharged on 9/1/08. The record provided no evidence of a signed ultimate user agreement authorizing the facility to administer medications to the resident. The administrator confirmed she was administering the resident's medications. Severity: 2 Scope: 1 Repeat Deficiency from survey 6/27/07	Y 876		

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Y 920	Continued From page 15	Y 920		
Y 920 SS=F	449.2748(1) Medication Storage NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure the medication was kept in a locked location for 9 of 9 residents. Findings include: The medications were kept in a kitchen cabinet. The cabinet had sliding glass doors and there was no method to lock the glass doors. The Administrator reported the sliding glass door	Y 920		

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Y 920	Continued From page 16 previously locked but it was broken. Severity: 2 Scope: 3	Y 920		
Y 930 SS=C	449.2749(1)(a) Resident File NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure the files were maintained in a locked, fire resistant manner for 10 of 10 residents. Findings include: All the Resident files were maintained in an unlocking file cabinet. The Administrator confirmed the file cabinet was unable to be locked. Severity: 1 Scope: 3	Y 930		
Y 936 SS=F	449.2749(1)(e) Resident file	Y 936		

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Y 936	Continued From page 17 NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: NAC 441A.380 is hereby amended to read as follows: 441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing, or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu, or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis.	Y 936		

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Y 936	Continued From page 18 (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility or home determines	Y 936		

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Y 936	Continued From page 19 that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home, or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days. 6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The	Y 936		

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Y 936	Continued From page 20 recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record. Based on record review the facility failed to ensure the residents received the required tuberculin (TB)screening test as stated in NAC 441A.380 for 8 of 9 current residents (#1, #2, #3, #4, #5, #6, #7, #8) Findings include: 1. Resident #1 was admitted to the facility on 11/20/03. The record contained a 1 step TB test completed on 10/1/04 and read as negative. The file contained evidence X-rays were taken 3/26/02, 9/28/05 and 10/3/07. There was no documented evidence of a 2-step TB test, proof of positive, nor a yearly 1-step TB screening. 2. Resident #2 was admitted to the facility 9/3/03. The record contained evidence of a negative 1-step TB test on 7/12/07 and another negative 1-step on 1/16/07. There was no documented evidence of a 2-step TB test, nor a yearly 1-step TB screening. 3. Resident #3 was admitted to the facility on	Y 936		

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Y 936	Continued From page 21 7/5/06. The record contained evidence of a negative 1 step TB test on 6/11/07. There was no documented evidence of a 2-step TB test, nor a yearly 1-step TB screenings. 4. Resident #4 was admitted to the facility on 9/16/02. The record contained evidence of a 2-step TB. The first step was documented as negative and dated 8/4/02. The second step was documented as positive and was dated 8/12/02. One-Step TB tests were read as negative and dated 9/7/05 and 11/20/06. No further documentation was available. 5. Resident #5 was admitted to the facility on 4/1/03. The record contained evidence of a negative 1-step TB test on 7/17/06 and another negative 1-step on 7/20/07. There was no documented evidence of a 2-step TB test, nor a yearly 1-step TB screening. 6. Resident #6 was admitted to the facility on 7/1997. The record contained evidence of a 2-step TB. The first step was documented as negative and dated 7/25/01. The second step was documented as negative and was dated 8/7/01. One-Step TB tests were read as negative and dated 3/11/04, 3/24/05, 5/18/06 and 12/10/08 (documented in the record as 12/10/08). No further documentation was available. 7. Resident #7 was admitted to the facility on 3/08. The record contained no evidence TB screening. 8. Resident #8 was admitted to the facility on 9/9/06. The record contained evidence of a 2-step TB. The first step was documented as negative and dated 8/14/06. The second step was documented as negative and was dated	Y 936		

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Y 936	Continued From page 22 8/21/06. There was no evidence of annual TB screenings in the record. Severity 2 Scope 3 Repeat Deficiency from 6/26/07 survey	Y 936		
Y1005 SS=F	449.2762(1) MR Training Requirements NAC 449.2762 1. Within 60 days after being employed by a residential facility for mentally retarded adults, a caregiver must receive not less than 4 hours of training related to the care of mentally retarded persons. This Regulation is not met as evidenced by: Based on record review and interview the facility failed to ensure 2 of 2 employees received the mandatory 4 hours of training concerning the care of residents with a diagnosis of mental retardation (Resident #1, #2). Findings include The personnel files for employees #1 and #2 did not contain documented evidence of the mandatory 4 hours of training for caregiving to persons with a diagnosis of mental retardation. The Administrator indicated she was unaware she needed the training. CPT #19085	Y1005		

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Y1005	Continued From page 23 Severity 2 Scope 3	Y1005		
YA895 SS=F	449.2744(1)(b) Medication/MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure the medication administration record (MAR) documented the medications as given for 9 of 9 current residents. Findings include 1. Resident #1 was admitted to the facility on 11/20/03. There were no MARs available for July and August 2008. The September 2008 MAR had no initials nor indications the resident was given the medications. Medications listed on the MAR: Cymbalta 60mg (milligram) AM (morning); Metropolol 50mg BID (2 times per day); Ibuprofen	YA895		

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YA895	Continued From page 24	YA895		

800mg BID; Invega 9mg AM; Tramterene 37.5 AM; Haloperidol 10 mg BID: Trazodone 100 mg PM (night); Diphenhydramine 50 mg PM; and Diovan 169 mg AM.

2. Resident #2 was admitted to the facility 9/3/03. There were no MARs available for July and August 2008. The September 2008 MAR had no initials nor indications the resident was given the medications. Medications listed on the MAR: Lovastatin 40 mg PM; Benzotropine 1 mg AM; Lexothroxine 50mg AM; Oxybutynin 5mg AM; Depakote 500mg PM; Metformin 500 mg PM; Risperdone 4mg PM; and Glyburide 5mg AM.

3. Resident #3 was admitted to the facility on 7/5/06. There were no MARs available for July and August 2008. The September 2008 MAR had no initials nor indications the resident was given the medications. Medications listed on the MAR: Levothyroxine 88mcg (microgram) AM; Fluoxetine 10mg AM; Geodon 80mg BID; Zoldipen 10mg PM.

4. Resident #4 was admitted to the facility on 9/16/02. There were no MARs available for July and August 2008. The September 2008 MAR had no initials nor indications the resident was given the medications. Medications listed on the MAR: Bupropion XL 300mg AM; Geodon 8mg AM; Benztropine 1 mg AM; Invega 6mg AM; Amitiza 24mcg PM; Clozepam .5mg BID; Lexapro 20mg AM; Depakote 500 mg PM; Zyprexa 15mg PM; Propanolol 10mg BID; Buxeprion XL 150 mg AM; Cocusat 100mg AM.

5. Resident #5 was admitted to the facility on 4/1/03. There were no MARs available for July and August 2008. The September 2008 MAR had no initials nor indications the resident was

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YA895	Continued From page 25 given the medications. Medications listed on the MAR: Vitamin; Haloperidol 2mg 2 tabs each BID; Simvastatin 40mg PM; Geodon 8mg BID; Trazodone 100mg PM; Benztropine 2mg BID; Fexofenadone 180 mg per day; Lexapro 20mg AM. 6. Resident #6 was admitted to the facility on 7/1997. There were no MARs available for July and August 2008. The September 2008 MAR had no initials nor indications the resident was given the medications. Medications listed on the MAR: Metrofomen 500mg per day; Seroquel 400mg 2 tab every night; Levothyroxine 25mcg per day; Paroxetine 20mg AM; Lorazepam 1mg PM; Haloperidol 2mg PM; Benztropine 1 mg PM; Nexium 40mg per day. 7. Resident #7 was admitted to the facility on 3/2008. There were no MARs available for July and August 2008. The September 2008 MAR had no initials nor indications the resident was given the medications. Medications listed on the MAR: Abilify 30 mg PM; Trihexyphenidyl 2mg BID; Lithium ER 450 mg per day; Trazodone 50mg PM. 8. Resident #8 was admitted to the facility on 9/9/06. There were no MARs available for July and August 2008. The September 2008 MAR had no initials nor indications the resident was given the medications. Medications listed on the MAR: Metroformon 500mg BID; Clonazepam .5 per afternoon; Benztropine MES 1 mg afternoon; Trazodone 150mg PM; Felodipine ER 10mg per day; Detrol LA 4mg per day; Famotidine 20mg BID; Haloperidol 5mg BID; Aspirin per day; Citalopram HBR 10mg BID; Certa-Vite SR with Lutein TA per day.	YA895		

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YA895	Continued From page 26 9. Resident #9 was admitted to the facility on 9/9/06. There were no MARs available for July and August 2008. The September 2008 MAR had no initials nor indications the resident was given the medications. Medications listed on the MAR: Zyprexa 20mg per day; Benztropine MES 2mg PM. The Administrator reported she gave July and August MARs to Southern Nevada Adult Mental Health, so she could get paid. The Administrator indicated she was unaware she had to keep them as per state regulation. The Administrator stated none of the September 2008 (9/1/08 through 9/5/08, survey was PM of 9/5/08) MARS were completed as she could not get the clients to sign. The Administrator was unaware she needed to sign as given per state regulation. Severity: 2 Scope: 3	YA895		